

Cause Number _____

Account Number _____

AG Case Number _____

Modified Order? ☐ Yes ☐ No

Existing Account? ☐ Yes ☐ No

OBLIGEE: _____

Soc. Sec. No: _____ DOB: _____

Drivers License No: _____ ST: _____

Home Address: _____

County of Residence: _____

Phone: (H) _____ (W) _____

Relationship to Child(ren): _____ Sex: M / F

Employer: _____

Address: _____

Income Withholding : YES _____ NO _____

OBLIGOR: _____

Soc. Sec. No: _____ DOB: _____

Drivers License No: _____ ST: _____

Home Address: _____

County of Residence: _____

Phone: (H) _____ (W) _____

Relationship to Child(ren): _____ Sex: M / F

Employer: _____

Address: _____

CHILD'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX
			M / F
			M / F
			M / F
			M / F

Order Type: (circle one) Divorce Paternity SAPCR Enforcement Modification **Order Status:** (circle one) Temporary Final

Regular Child Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20_____

CIRCLE ONE

Decreases as children emancipate?: \$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ (monthly, semi-monthly, biweekly, weekly)

\$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ (monthly, semi-monthly, biweekly, weekly)

One time child support payment?: _____ due _____, 20_____

Accrual Suspension: from _____ through _____ every _____ beginning _____

Total Child Support Arrears: _____ Calculated as of: _____, 20_____

Child Support Arrears Payment: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20_____

Payment increases as children emancipate? Yes__ No__ **Lump Sum Arrearage Payment:** \$ _____ due _____, 20_____

\$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ due _____, 20_____; \$ _____ due _____, 20_____

\$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ due _____, 20_____; \$ _____ due _____, 20_____

Cash Medical Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20_____

Total Medical Support Arrears: _____ Calculated as of: _____, 20_____

Medical Support Arrears Payment: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20_____

Medical Insurance (circle one): Obligor provides Obligee provides Both Responsible Not addressed

Cash Spousal Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20_____

Total Spousal Support Arrears: _____ Calculated as of: _____, 20_____

Spousal Support Arrears Payment: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20_____

Date of Hearing: _____

Date of Order _____

Obligee Attorney	Phone	Obligor Attorney	Phone

Form prepared by: _____ **Phone:** _____ **Date:** _____, 20_____

Obligee Signature: _____ **Obligor Signature:** _____

Rendered by:

Associate Judge/Judge Presiding (optional) _____ Signed this ____ day of _____, 20_____

Attach additional forms if there are more children for this cause